



## RADIOACTIVE MATERIAL RECIPROCITY REQUEST

North Dakota Department of Health  
Radiation Control Program  
SFN 58230 2/06

**Submit form to:** North Dakota Department of Health, Air Quality Division, 2<sup>nd</sup> Floor, 918 East Divide Ave., Bismarck, ND 58501-1947. Phone: 701-328-5188 Fax: 701-328-5185

|                 |        |                |
|-----------------|--------|----------------|
| Company Name:   |        |                |
| Contact Person: |        |                |
| Address:        |        |                |
| City:           | State: | Zip Code:      |
| Telephone:      | Fax:   | Email Address: |

### SUBMIT THE FOLLOWING:

- Written notification to the North Dakota Department of Health three working days prior to entering, this notification shall include:

|   |  |
|---|--|
| Location of Work                            |  |
| Duration of Work                            |  |
| Local Contact                               |  |
| Device and Model Number                     |  |
| Quantity and Isotope Used                   |  |
| Names of Individual Users                   |  |
| Type of Possession and Use within the State |  |

- Operating and emergency procedures manual:
  - ☐ Current copy attached
  - ☐ Previously submitted copy is still valid
- NRC or Agreement State License:
  - ☐ Current copy attached
  - ☐ Previously submitted copy is still valid
- Provide License number:
- The training certificates or proof of training of individual users, if not listed on the license (i.e., Radiographer ID cards, course certificates, etc.)
- A proper reciprocity fee (check or money order payable to the North Dakota Department of Health). Credit card payment is also available. A 2.5% surcharge is added to credit card payments.
- Obtain a "Certificate of Authority" from the North Dakota Secretary of State to operate in North Dakota. Call (800) 352-0867 ext. 4284 for more information.

Additional Comments & Information:

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Signature

Date